

Required ISP Documentation for ICF/ID

Person's Name _____

Pre ISP Meeting Date _____

ISP Meeting Date _____

Level of Need	Yes	No	N/A
1. Risk Factors Reviewed at the meeting			
2. Plan identified to address the risk factors identified in the LON			

Residential Documents	Yes	No	N/A
1. IPP goal(s), objective(s), and action step(s)			
• The IPP should include the goals identified in the clinical assessment.			
2. Person Centered Planning Tools			
3. Bank Account Balances			

Medical Documents	Yes	No	N/A
1. Annual Physical			
2. Lab results			
3. Health Care Management Plan (HCMP)			
4. Health Passport			
5. Nursing Assessment A or B			
6. Annual Preventive Health Screening Report (Male)			
7. Annual Preventive Health Screening Report (Female)			
8. Glasgow Depression Scale (Self --Report)			
9. Glasgow Depression Scale (Care Giver Supplement)			
10. Self-Administration of Medication			
11. Current Psychotropic Medication Review Form			
12. Abnormal Involuntary Movement Scale (AIMS)			
13. Most recent Dental Consult			
14. Fall Risk Assessment			
15. Specialty Consult*			
• Urology			
• Podiatry			
• OB/GYN			
• Mammogram			
• Colonoscopy			
• Neurology			
• Ophthalmology			
• ENT			
• Gastroenterology			
• Other:			

Active Treatment from Day program	Yes	No	N/A
1. Annual IPP with goals, objectives, and action steps			
3. Positive Personal Profile (PPP)			
4. Job Search/Community Participation Plan			

Required ISP Documentation for ICF/ID

Person's Name _____

Pre ISP Meeting Date _____

ISP Meeting Date _____

	Yes	No	N/A
Clinical Assessment			
1. Annual Social Work Assessment			
2. Annual Psychological Assessment			
3. Annual Occupational Therapy Assessment			
4. Annual Physical Therapy Assessment			
• Repositioning Protocol			
5. Annual Speech and Language Assessment			
• Mealtime protocol			
• Feeding Guidelines			
6. Annual Nutritional Assessment			
7. Annual BSP			
8. Recreation Therapy Assessment			
Other Documents	Yes	No	N/A
1. Bill of Rights Reviewed and Signed			
2. Abuse and Neglect Fact Sheet Reviewed			
3. Internal Resolution Fact Sheets Reviewed			
4. Weekly schedule			
5. Silver Alert Form			
6. Voters Registration			
7. National Core Indicator			

Service Coordinator's Signature _____

QIDP/ Program Manager's Signature _____